Generali Life (Hong Kong) Limited
Assicurazioni Generali S.p.A.
Hong Kong Branch

21/F, 1111 King's Road
Taikoo Shing, Hong Kong
T +852 2521 0707
F +852 2521 8018
info@generali.com.hk
generali.com.hk

忠意人壽 (香港) 有限公司
忠意保險有限公司
香港分行

香港太古城英皇道 1111 號 21 樓
電話 +852 2521 0707
傳真 +852 2521 8018
info@generali.com.hk
generali.com.hk

Request for Change of Insurance Intermediary
更改保險中介人申請表

Policy Number
保單號碼

Private & Confidential 私人及機密

Name of Policyholder **保單持有人姓名**	**Name of Insured** **受保人姓名**

IMPORTANT NOTES 重要事項

This Form should be completed in BLOCK LETTERS in BLACK/BLUE PEN. Any corrections made should be signed / endorsed by you or you should complete a new Form. Your request of change may not be processed until all requested information has been provided to Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (the "Company"). After the Company has completed this request, the existing insurance intermediary shall not be allowed to access the information of the above policy. A written confirmation and / or endorsement will be issued to you after the acceptance of your request of change.
本申請表應用黑色 / 藍色筆以英文正楷填寫。本表格內任何修改，您應在旁加簽或重新填寫一份。若所提供的資料未能達到忠意人壽（香港）有限公司 / 忠意保險有限公司香港分行（如適用）（「本公司」）之所有要求，此更改之申請有可能不會受理。當本公司完成是次更改申請後，原有保險中介人將不能再查閱以上保單的資料。本公司接受更改保單申請後會向您發出書面確認及 / 或批註。

I / We _____ (Name of Policyholder), hereby appoint _____
本人 / 我們 (保單持有人姓名) 現委任

_____ (Full Name of New Insurance Intermediary) _____ (Generali Insurance Intermediary Code) as my / our
(新保險中介人全名) (忠意保險中介人號碼) 作為本人 / 我們

insurance intermediary for my / our policy as stated above.
上述保單之保險中介人。

Declaration 聲明

I / We confirm that I / we have accessed, read and understood the Personal Information Collection Statement (the "Statement") of Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (the "Company"), which is available on the Company's website: https://www.generali.com.hk/EN_US/personal_information. I / We agree that the Company may collect, use, store, disclose, transfer and otherwise process my / our personal data in accordance with the terms of the Statement. I / We further confirm that I / we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to the Company for the purposes stated in the Statement and for allowing the Company to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.
本人 / 我們確認已經查閱並且明白由忠意人壽 (香港) 有限公司 / 忠意保險有限公司香港分行（如適用）（「貴公司」）的收集個人資料聲明（「該聲明」），該聲明可於貴公司網站查閱：https://www.generali.com.hk/ZH_HK/personal_information; 本人 / 我們同意貴公司可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人 / 我們的個人資料。本人 / 我們進一步確認，本人 / 我 們已獲得受保人和任何其他有關人士（如適用）的明示同意，可以按照該聲明所述的用途將他們的個人資料提供給貴公司，並允許貴公司可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。

***** Please DO NOT sign on BLANK form 請勿在空白表格上簽署 *****

X _____ _____
Signature of Policyholder
保單持有人簽署

Date (DD / MM / YYYY)
日期 (日 / 月 / 年)

Assignee hereby consents to the above request(s) for change applied by the Policyholder.
承讓人特此同意保單持有人以上之變更請求之申請。

X _____
Signature of Assignee (if any)
承讓人簽署 (如適用)
If signed by company authorized signatory(ies), please indicate his/her title with Company Chop
如由公司獲授權簽署人士簽署，
請列明其職銜及加上公司蓋印

X _____
Signature of Irrevocable Beneficiary (if any)
不可撤換受益人簽署(如適用)

X _____
Signature of Witness
見證人簽署

(Name 姓名:)